

SERFF Tracking Number: UNUM-125260582 State: Arkansas
Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 36658
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Individual Long Term Care
Project Name/Number: 2007 LTC Personal Worksheet/

Filing at a Glance

Company: Provident Life and Accident Insurance Company

Product Name: Individual Long Term Care

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.003 Other

Filing Type: Form

SERFF Tr Num: UNUM-125260582 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Jay Burt

Date Submitted: 08/13/2007

State Tr Num: 36658

State Status: Approved-Closed

Reviewer(s): Harris Shearer

Disposition Date: 05/09/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2007 LTC Personal Worksheet

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/09/2008

State Status Changed: 05/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Long Term Care Personal Worksheet

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

Jay Burt, Senior Contract Analyst

2211 Congress Street

jkburt@unum.com

(207) 575-5738 [Phone]

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Portland, ME 04122 (423) 209-3499[FAX]

Filing Company Information

Provident Life and Accident Insurance Company	CoCode: 68195	State of Domicile: Tennessee
1 Fountain Square	Group Code: 565	Company Type:
Chattanooga, TN 37402	Group Name:	State ID Number:
(800) 451-8475 ext. [Phone]	FEIN Number: 62-0331200	

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Provident Life and Accident Insurance Company	\$0.00	08/13/2007	

SERFF Tracking Number:	UNUM-125260582	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	05/09/2008	05/09/2008

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Disposition

Disposition Date: 05/09/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125260582 State: Arkansas

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	L&H Transmittal Form	Approved-Closed	Yes
Supporting Document	AR Filing Letter	Approved-Closed	Yes
Form	Long Term Care Personal Worksheet	Approved-Closed	Yes

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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other

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Form Schedule

Lead Form Number: 6600-03 (8/07)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	6600-03 (8/07)	Other	Long Term Care Personal Worksheet	Initial		54	6600-03 _8-07_.pdf



Long Term Care Personal Worksheet

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. However, long term care insurance may be expensive and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

The premium for the coverage you are considering will be \$ _____ per month or \$ _____ per year.

Type of Policy: This is a guaranteed renewable policy.

Right to Increase Premiums: The company has the right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History: Provident Life and Accident Insurance Company has sold long term care insurance since 2003 and has sold this policy form since 2003. [Provident Life and Accident Insurance Company has never raised its rates for any long term care policy it has sold in this state or any other state.] [However,] Unum Life Insurance Company of America, which has been selling individual long term care insurance since 1991 and also offers products under the Unum brand, has raised premium rates on a policy form with similar coverages in the last ten years. Following is a summary of the Unum Life Insurance Company of America rate increases:

Policy Form	Years Available for Sale	Year of Rate Increase	Total Percentage Rate Increase
[LTC94	1994-2003	2006 and 2007	0-30% (varies by state)
LTC94Q	1997-2003	2006 and 2007	0-30% (varies by state)]

Income, Savings and Investments

Do you choose to complete the questions below related to your income, savings and investments?

☐ Yes (see below)

☐ No (please go to Disclosure Statement on the following page)

Questions Related to Your Income

How will you pay each year's premium? ☐ My Income ☐ My Savings/Investments ☐ My Family Will Pay
You should consider whether you could afford to keep this policy if the premiums went up, for example, by 20%?
What is your annual income?

☐ Under \$10,000 ☐ \$10-19,999 ☐ \$20-29,999 ☐ \$30-39,999 ☐ \$40-50,000 ☐ Over \$50,000

How do you expect your income to change over the next 10 years?

☐ No change ☐ Increase ☐ Decrease

If you will be paying premiums with money received only from your income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? ☐ Yes ☐ No

If not, how will you pay for the difference between future costs and your daily benefit amount?

☐ From My Income ☐ From My Savings/Investments ☐ My Family Will Pay

The national average annual cost of a private room in a nursing home in 2006 was \$70,900¹, but this figure varies across the country. In ten years the national average cost would be about \$115,489 if costs increase 5% annually.

What elimination period are you considering? Number of days: _____

Approximate cost \$_____ for that period of care.

How are you planning to pay for your care during the elimination period?

☐ From My Income ☐ From My Savings/Investments ☐ My Family Will Pay

¹ Georgetown University, Long-Term Care Financing Project, "National Spending for Long-Term Care Fact Sheet," January 2007.

Long Term Care Personal Worksheet Continued

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth?

☐ Under \$20,000 ☐ \$20-29,999 ☐ \$30-50,000 ☐ Over \$50,000

How do you expect your assets to change over the next ten years? ☐ No change ☐ Increase ☐ Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care.

Disclosure Statement

(Please check one)

☐ The answers to the questions above describe my financial situation.

OR

☐ I choose not to complete this information.

(This box must be checked)

☐ I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history, and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.

(Complete if applicable)

☐ I have been advised that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Signature of Applicant: _____ Date: _____

(If a producer is assisting you in completing this Personal Worksheet, please have him/her sign below)

☐ I explained to the applicant the importance of completing this information.

Signature of Producer: _____ Date: _____

Producer Printed Name: _____

Signature of Applicant: _____ Date: _____

The company may contact you to verify your answers.

<i>SERFF Tracking Number:</i>	<i>UNUM-125260582</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Provident Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>36658</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>Individual Long Term Care</i>		
<i>Project Name/Number:</i>	<i>2007 LTC Personal Worksheet/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125260582 State: Arkansas
 Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 36658
 Company Tracking Number:
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
 Product Name: Individual Long Term Care
 Project Name/Number: 2007 LTC Personal Worksheet/

Supporting Document Schedules

Bypassed -Name:	Certification/Notice	Review Status:	Approved-Closed	05/09/2008
Bypass Reason:	Not Applicable			
Comments:				
Bypassed -Name:	Application	Review Status:	Approved-Closed	05/09/2008
Bypass Reason:	Not Applicable			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	05/09/2008
Bypass Reason:	Not Applicable			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	05/09/2008
Bypass Reason:	Not Applicable			
Comments:				
Satisfied -Name:	L&H Transmittal Form	Review Status:	Approved-Closed	05/09/2008
Comments:				
Attachment:	industry_LHtransDoc1-1-05.pdf			
Satisfied -Name:	AR Filing Letter	Review Status:	Approved-Closed	05/09/2008
Comments:				
Attachment:	AR Filing Letter.pdf			

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/05)

1.	Prepared for the State of	Arkansas			
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2.	Department Use Only				
	State Tracking ID				

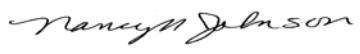
3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
	Provident Life and Accident Insurance Company One Fountain Square Chattanooga, Tennessee 37402	ME	416	62235	01-0278678

4.	Filer Name & Address	Telephone #	Fax #	E-mail Address
	Jay K. Burt VP, Long Term Care Pricing UnumProvident 2211 Congress Street Portland, ME 04122	(207) 575-5738	(423) 209-3499	jburt@unum.com

5.	Filing Method	Paper	<input checked="" type="checkbox"/> Electronic/Serff Tracking Number :
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6.	Company Tracking Number	LTC94, et al Rate Increase Filing		
7.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Any size <input type="checkbox"/> Other		
8.	Type of Insurance	Long Term Care		
9.	Product Coding Matrix Filing Code	<u>LTC03I</u>		
10.	Submitted Documents	<u>Forms</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other <u>LTC Personal Worksheet</u> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ <u>Report</u> _____		
11.	Filing Submission Date	8/13/07		
12.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____		
13.	Date of Domiciliary Approval	Has not been filed.		

14.	Filing Description:
	Individual Long Term Care Personal Worksheet

15.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas.</u>	
Print Name <u>Nancy M. Johnson</u> Title <u>Vice President, Contract Compliance & Filing</u>	
Original Signature <u></u> Date <u>August 13, 2007</u>	

16.	Form Filing Attachment	
This filing transmittal is part of company tracking number		LTC94, et al Rate Increase Filing
This filing corresponds to rate filing company tracking number		LTC94, et al Rate Increase Filing

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	LTC Personal Worksheet	6600-03 (8/07)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	6600-03 (6/06)
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

17.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			LTC94, et al Rate Increase Filing	
This filing corresponds to form filing company tracking number			LTC94, et al Rate Increase Filing	
Overall percentage rate impact for this filing			30%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request % - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request % - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +__% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +__% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1



2211 Congress Street
Portland, Maine 04122
207 575 2211
www.unum.com

August 13, 2007

JULIE BENAFIELD BOWMAN
COMMISSIONER OF INSURANCE
STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
1200 WEST 3RD STREET
LITTLE ROCK AR 72201-1904

RE: Provident Life and Accident Insurance Company
NAIC #565-68195
FEIN #62-0331200
Individual Long Term Care Insurance
Personal Worksheet 6600-03 (8/07)

Dear Commissioner Bowman:

Enclosed for your consideration and approval is personal worksheet form 6600-03 (8/07). This form is intended to replace personal worksheet form 6600-03 (6/06), deemed approved on December 1, 2006. The personal worksheet is used for individuals applying for our long term care policy form LTC03, et al.

We updated the Rate Increase History section and cost of care statistic. We request the bracketed text within the Rate Increase History section of the personal worksheet to be considered variable. The bracketed sentence "Provident Life and Accident Insurance Company has never raised its rates for any long term care policy it has sold in this state or any other state" will vary only to the extent another bracketed sentence in the NAIC LTC Model Regulation Appendix B becomes appropriate. Within the rate increase listing, the format will not change, but a policy form/rate increase may be added in the future identifying policy form number, years available for sale, year of rate increase and percent of rate increase. Should any additional explanatory information be added, we will submit a revised copy for approval.

Your prompt review and consideration are appreciated. Please feel free to contact me if you should have any questions regarding this submission. I can be reached at (800) 974-2266 x5738 or FAX (423) 209-3499.

Sincerely,

A handwritten signature in cursive script that reads "Jay R. Burt".

Jay Burt
Senior Contract Analyst
Provident Life and Accident Insurance Company